

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
FROM:	REGISTER NO.:
WORK ASSIGNMENT:	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

~~Required knot - pain lessened by~~
1 eye is worn

(Do not write below this line)

DISPOSITION:

The previously
scheduled
8/20/18

Signature Staff Member <u>D. Lee, RN</u> Registered Nurse <u>FCC Yazzoo City</u>	Date <u>8/24/88</u>
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Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94



BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98
U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Medical</i>	DATE: <i>8/24/18</i>
FROM: <i>Quater Brooks</i>	REGISTER NO.: <i>17427-032</i>
WORK ASSIGNMENT: <i>N/A</i>	UNIT: <i>S-H.U</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

[Handwritten content heavily redacted]

I can not see out of my left eye that good, I was assaulted on 8/3/18 and ~~ever~~ since then my eye sight in my left eye has been very poor and its only gotten worst. I ALSO have a very sharp pain in my right hand, it has a knot on the top as well.

(Do not write below this line)

DISPOSITION:

Previous assessments X 4 - inmate denies any trouble with vision → does have appointment scheduled in MLPOS

A. Bally, RN
Registered Nurse
FCC Yazoo City

Signature Staff Member

Date

8-24-18

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(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

BP-S148.055 : INMATE REQUEST TO STAFF CDFRM
SEP 30
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medical	DATE: 8/14/18
FROM: Quater Brooks	REGISTER NO.: 17427-032
WORK ASSIGNMENT: N/A	UNIT: S.H.U

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I have been requesting to see medical since 8/4/18 and I still have not seen them. I was assaulted on 8/3/18 and every since then my right hand have been hurting; my left ear has been hard to hear out of; and my left eye has been hard to see out of; and my neck has been hurting. On 8/4/18 I was sent to the hospital, and I was suppose to have a follow up but still havent I need to see medical ASAP.

Please } Thanks

(Do not write below this line)

DISPOSITION:

Pending appd scheduled
in MCP OS

A. Balty, RN
Registered Nurse
FCC Yazoo City

Signature Staff Member

Date